## FINAL EXPENDITURE SUMMARY FOR GREAT PARENTS, GREAT START FY 2007-2008 FUNDS

**INSTRUCTIONS:** The Final Expenditure Summary (1) and Expenditure Detail (2) must be prepared by or with the cooperation of the Business Office using the School District Accounting Manual (Bulletin 1022). The report should show FY 2007-2008 expenditures from October 1, 2007 through September 30, 2008. Report all funds (MDE & match) expended during this period. Note: 100 function codes are not used for any GP,GS expenditures. Do not include any carryover GP,GS funds from earlier grant years in this report.

1. BUDGET SUMMARY													
		DIATE SCHOOL DISTRICT							Due: No	vember 14, 200	<sup>18</sup>		
ISD CODE (5 Characters)		Final Expenditure Summary matching Initial Budget	☐ Final Expenditure Summary with request for Budget Amendment		PROJECT TYPE  Regular		ENDING DATE (mm/dd/yy)  09-30-08		FY of Approved Activity 2008				
FUNCTION CODE	F	FUNCTION TITLE		BENEFITS (2000)	PURCHASED SERVICES (3000, 4000)	SERVICES MATERIA		CAPITAL OTHER OUTLAY EXPENDITURES (6000) (7000, 8000)		TOTAL			
110	Instruction Basic Needs												
120	Instruction Added Needs												
130	Instruction Adult/Continuing Education												
210	210 Pupil Support Services												
220	20 Instructional Staff Services												
230	General Administration												
240	School Admin	nistration											
250	Business Serv	vices											
260	O Operation and Maintenance												
270	Pupil Transportation Services												
280	Central Support Services												
290	290 Other Support Services												
300	Community Services												
400	Outgoing Transfers & Other Transactions												
	TOTAL EXPENDITURES										A)		
2. EXPENDITURE DETAILMust be provided Explain each line item, including the required cash and in-kind match that appears on the final Expenditure Summary, using the indicated		TOTAL AMOUNT AWARDED UNDER SECTION 32j		FUNDING: Department of Ed  Local Share of Expendi					B)				
function code and title, on forms provided.		<del>*</del>						",					
DATE		BUSINES	SINESS OFFICE REPRESENTATIVE (Type or Print)				SIGNATURE						
DATE		PROJ	PROJECT CONTACT PERSON (Type or Print)  Colleen O'Connor				SIGNATURE						
DATE		M.D	M.D.E. CONTACT PERSON (Type or Print)					SIGNATURE					